

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NextGen Climate Action Committee		FEC IDENTIFICATION NUMBER ▼ C C00547349	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee GRSC Consulting, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 01 / 2014	
Mailing Address 2828 University Ave SE Ste 150		Amount 104300.00	
City Minneapolis	State MN	Zip Code 55414-3324	Transaction ID : VNTPK9PGZ89
Purpose of Expenditure Voter Outreach	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Terri Land		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

3067882.53

Full Name of Payee Waterfront Strategies, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2014	
Mailing Address 3050 K St NW Ste 100		Amount 2579.64	
City Washington	State DC	Zip Code 20007-5122	Transaction ID : VNTPK9PGDV8
Purpose of Expenditure Radio Production - ESTIMATE	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Joni Ernst		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

2230739.58

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	106879.64
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rita Copeland

[Electronically Filed]

Date

MM / DD / YYYY
10 / 03 / 2014

Signature

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(Schedule E)

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FOR SE OF FORM 24/48			

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Waterfront Strategies, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2014	
Mailing Address 3050 K St NW Ste 100		Amount 250068.00	
City Washington	State DC	Zip Code 20007-5122	Transaction ID : VNTPK9PJ622
Purpose of Expenditure Radio Advertising	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Joni Ernst		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 2230739.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	250068.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	356947.64

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rita Copeland

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Date

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10 / 03 / 2014

Signature